



PTO/SB/21 (09-04)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/672,716

Filing Date 09/26/2003

First Named Inventor Donald E. Weder

Art Unit 3643

Examiner Name J. Gellner

Attorney Docket Number 8403.995

**ENCLOSURES (Check all that apply)**

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| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
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|--------------|--|----------|--------|
| Firm Name    | Dunlap, Codding & Rogers, P.C.; Customer No. 30589 |          |        |
| Signature    |  |          |        |
| Printed name | Charles A. Codding                                 |          |        |
| Date         | 12-21-04   | Reg. No. | 25,099 |

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PTO/SB/24 (06-04)

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|                        |                 |
|------------------------|-----------------|
| Application Number     | 10/672,716      |
| Filing Date            | 09/26/2003      |
| First Named Inventor   | Donald E. Weder |
| Art Unit               | 3643            |
| Examiner Name          | J. Gellner      |
| Attorney Docket Number | 8403.995        |

Please check only one of boxes 1 or 2 below:

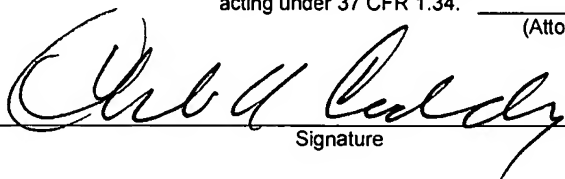
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- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
- ☒ attorney or agent of record. Registration Number 25,099
- ☐ attorney or agent acting under 37 CFR 1.34 (may act under 37 CFR 1.34 only if box 2 above, stating that the application is expressly abandoned in favor of a continuing application, is checked). Attorney or agent registration number if acting under 37 CFR 1.34. \_\_\_\_\_  
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12-21-04  
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Charles A. Codding  
Typed or printed name

(405) 607-8600  
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**Note:** Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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